

State Plan 2001: Blueprint for Change Staff Competencies, Education and Training

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Introduction

This plan creates a statewide competency-based system to be phased in over 18 months. Good examples for such a system already exist in North Carolina. One is a nationally recognized competency-based certification system for childcare workers. Another is the current Communities Alternatives Program – Mental Retardation/Developmental Disabilities (CAP-MR/DD) Waiver. Still another is the internationally recognized certification system for people providing substance abuse services.

There are a number of challenges with the current situation. Paraprofessionals are considered entry level in the labor market, but they are required to perform complex tasks such as providing behavioral services instruction unlike entry-level positions in other service industries. Turnover exceeds 100 percent and is as high as 200 percent in many organizations. Many new direct service staff lack basic competency skills including communication skills, relationship building and interpersonal skills. Statewide training lacks consistent content and quality.

These challenges dramatically affect efforts to improve the system because:

- It is difficult to get information and resources to staff in many areas of the state.
- State and national studies document that until commitment is demonstrated, employers are reluctant to invest in/send staff for training due to turnover.
- Multiple roles of direct service staff make it difficult to release them to attend training.
- Employees must hold multiple jobs to earn a living wage and therefore are not available to attend training.
- A very tight labor market currently exists at the paraprofessional level.
- Lack of supervision, mentoring, coaching, and peer support strategies weaken efforts to train competent employees.
- Lack of incentives such as financial, status, and mobility make it difficult to retain employees.
- Lack of sufficient funding to address true personnel costs of system to train and retain qualified personnel inhibits a quality workforce.
- Inconsistent formats and schedules as well as access to training vary across the state.
- Lack of proper supervision on the job compromises competent application of training information.
- Lack of active participation in national initiatives such as Workforce Incentives Act and Ticket to Work Implementation Act limit federal funding opportunities.

This new staff competency system is designed to address these challenges and improve the overall system by improving staffing across the state. This system will not replace or duplicate any of the existing licensing and certification boards. The Associate level of the Infant Toddler Program in the Division of Public Health is equivalent to the Paraprofessional level Minimum Standards. Staff meeting these provisions are not subject to additional requirements. It will supplement their activities by providing a framework for professionals and paraprofessionals that are not eligible for licensing/certification, to have their competence measured and documented. The staff competency-based system will create:

- A well trained, stable work force at all levels.
- A career ladder.
- Clear justification for increasing the wages paid to all levels of staff, particularly direct support paraprofessionals who have the most interactions with consumers.
- Partnerships with training and recruiting entities throughout North Carolina to maximize available resources in developing this workforce.

Several specific outcomes are expected with the new competency-based training system:

- Better care for people with disabilities through more stable support and service systems.
- Less staff turnover and reduction of associated costs of replacing and training new personnel.
- Reduction in administrative costs through standardizing qualifications and competencies for professionals and paraprofessionals.
- Improved professional ethics and standards.
- Higher morale and more motivated employees.
- Fewer service crises.
- Higher service quality.

Components of Implementation

Oversight

A Competency Verification Authority that includes stakeholders from throughout the service delivery system will provide oversight. This authority will:

- Issue certificates verifying competency for professionals and paraprofessionals who are not otherwise certified or licensed.
- Provide ongoing evaluation and approval of curricula to ensure consistency of outcomes statewide.
- Provide continuing oversight over the ongoing development of the total competency-based system.
- Provide oversight for the statewide registry.
- Ensure streamlined, cost effective statewide standardization of qualification and documentation processes for professionals and paraprofessionals.

Documentation and Statistics

Baseline data must be compiled so that measurable outcomes can be documented. This baseline data will include:

- Current state requirements for pre-hire of professionals and paraprofessionals.
- Current state requirements for post-hire training of the same individuals.
- Current needs, statewide and regionally, for these individuals.
- Current track record for moving individuals upward in these professions.
- Current career ladder for direct care professionals.
- Quality outcome indicators that can be measured against national standards (accident injury rate, staff turnover, etc.) and gathered on a regular and frequent basis in a manner that facilitates comparison.
- A statewide registry base identifying those individuals who currently fit the new definitions for professionals and paraprofessionals.
- Current level of turnover for public and private service delivery systems.

Collaborative Partnerships

In order to build the collaborative partnerships to ensure that this system is affordable, efficient and available throughout the state, the following will happen:

- Identify training and service delivery systems to determine where the gaps are.
- Identify the stakeholders to provide full collaboration.
- Expand relationships with colleges and universities and the community college system.
- Expand relationships with Area Health Education Centers (AHEC).
- Identify certification organizations and professional certification training packages.
- Engage local management entities (county/area programs).
- Identify private and public training vendors.
- Identify private and public service providers.
- Engage the public school system – technical preparation courses.
- Engage the state Office of Personnel to update its classification system with appropriate salary adjustments.

Immediate Action

Several actions must occur immediately. They are:

- Distribute a memo explaining the new system to all stakeholders.
- Publish the rules.
- Align necessary service definitions to provide accurate relevant services billable either directly or through local management entities as part of the utilization management system.
- Develop guidelines for supervisors and managers.
- Determine definitions for various levels of supervision, including both clinical and administrative, as well as experience supporting qualified status.
- Conduct orientation sessions.
- Fund all real costs associated with all aspects of the training and supervision, possibly through directly billable services or through local management entities (part of utilization management).
- Develop the requisite forms.
- Create an evaluation system using stakeholder feedback.

Statewide Registry

A statewide registry of all professionals and paraprofessionals in the field will provide multiple benefits to consumers and service providers. The registry will ensure professional standards and credentials in the service delivery system. It will promote standardization and ensure staff competence statewide. A statewide registry will:

- Track the various competency completion levels of all employees in the competency-based system.
- Provide online competency verification management.
- Review continuing education credits earned by registrants.
- Provide portability for individuals' competence that will significantly reduce service providers' training costs.
- Track training providers who are offering curriculum approved by the Competency Verification Authority.
- Link with the Health Care Personnel Registry.

Enhancements to Current Staffing Structure

The State Plan makes prevention a core function, but the plan does not include a definition for Qualified Prevention Professional, except in the field of substance abuse services. To proactively serve those individuals who are at risk but are not yet served within the system, the category of Qualified Prevention Professional will be created.

The substance abuse services prevention professional will serve as an excellent model for the other disability groups. Substance Abuse will immediately implement its certification process. Within six months, the other disabilities will develop prevention professional certifications.

Existing Barriers

Staff Turnover

One of the major barriers is staff turnover. The service delivery rates do not account for the retraining that must occur due to turnover within a given fiscal year. Rates must reflect turnover in direct care service delivery. Incentives will be developed to encourage employee retention.

Other factors affecting workforce limitations that must be overcome are:

- Language
- Culture
- Low pay
- Lack of basic education
- Transportation
- Rural, low economic areas
- Lack of available trained workforce
- Lack of benefits and paid holidays

Supervision

Qualified supervisors in sufficient numbers will be required to implement the competency-based system. The cost of providing adequate supervision must be incorporated in the rate paid directly to the service provider. Currently there is a lack of qualified supervisors, which contributes to turnover. Supervisors are also expected to multi-task and supervise a high number of people.

New supervisors must be recruited and trained. Qualified Professionals (QP) currently employed in the field will be trained to teach their employees. Supervisors must motivate and manage people on a daily basis. Supervisors must evaluate the competency of their employees and determine the level of supervision the employee requires. Any training program that can meet the objectives of this plan must ensure that supervisors are trained. While this will appear to be very similar to “train-the-trainer”, the relationship between the supervising Qualified Professional and the Associate Professional/Paraprofessional will be that of a mentor. Competencies for supervisors and managers will be developed as part of the statewide effort. An annual supervision plan will be developed, and the supervisor will be responsible for its implementation.

The preparation of supervising QP's will include:

- Training supervisors in motivating and managing people on a daily basis.
- Training supervisors for competency evaluation.
- Defining and identifying levels of supervision.

Table 1. Overview of competency-based training system in operation

Level	Initial Assessment	Orientation	Basic Skills	Advanced Skills	Updating Skills & Knowledge
<i><u>When Implemented</u></i>	<i>Prior to hiring</i>	<i>Immediately after hire and before independently interacting with people served</i>	<i>Within three months</i>	<i>By the completion of the first year</i>	<i>After the first year, and continuing throughout employment</i>
Type of training / competencies identified	<ul style="list-style-type: none"> • Verification of education and certifications • Assessments during interview of competencies for relevant domains 	<p>Development of annual supervision plan (utilizing template and customizing as needed)</p> <ul style="list-style-type: none"> • Rights and Protection: (Client rights, abuse, neglect, exploitation, confidentiality of individual's information/ records) • Incident/accident reporting • Prevention and alternatives to restrictive interventions • Restraints/Seclusion requirements (when applicable) • Service definitions & documentation requirements • Individual Preferences and Needs for Supports and Services • Blood borne pathogens/universal precautions • Goals/Outcomes • Behavioral/Crisis issues (when applicable) • Medical issues • Medication administration (when applicable) • CPR/First Aid (when applicable) • Other relevant orientation information • Disaster Preparedness & Response 	<p>Attainment of minimal levels of disability specific competencies as identified within the seven domains identified and addressed in the supervision plan for professional and paraprofessional levels. Assessment of competencies for relevant domains via oral/ written test, interview, observation by supervisor.</p>	<p>Achievement of acceptable level of competence in remaining disability specific competencies within each of the seven domains and addressed in the supervision plan for professional and paraprofessional levels.</p>	<p>Continuing to seek and maintain excellence in all competencies, building on existing knowledge and demonstrating the application of knowledge appropriate for the professional or paraprofessional level.</p>

Level	Initial Assessment	Orientation	Basic Skills	Advanced Skills	Updating Skills & Knowledge
<i><u>When Implemented</u></i>	<i>Prior to hiring</i>	<i>Immediately after hire and before independently interacting with people served</i>	<i>Within three months</i>	<i>By the completion of the first year</i>	<i>After the first year, and continuing throughout employment</i>
Deliverer of training / assessment	Service Provider	Service Provider or third party vendor with curriculum approved by Competency Verification Authority	Service Provider or third party vendor with curriculum approved by the Competency Verification Authority	Service Provider or third party vendor with curriculum approved by the Competency Verification Authority	Service Provider or third party vendor with curriculum approved by the Competency Verification Authority.
Format of training	Interview and background checks	Classroom setting; online distance learning; videotape with workbooks; computerized program. Assessment of information learned prior to on-the-job experience.	On the job mentoring and training and or classroom instruction. Can be supplemented with online or computerized content.	Classroom setting, on the job mentoring and training, classroom instruction, online distance learning, hands on training where appropriate for specific competencies and level of professional/paraprofessional.	Combination of classroom and distance learning. Supplemented as well with approved computerized course work.
Assessment Instrument	Possible rubric for interviewer's reference to assess competencies within each domain.	Documented written /oral test, guided observation or work sample, to ascertain level of knowledge in orientation topics.	Documented guided observation of demonstrated competence by qualified supervisor and/or written/oral or work sample assessment of content knowledge.	Observation of demonstrated competence by qualified supervisor in addition to written assessment of content knowledge.	Competencies will continue to be measured on an ongoing basis as described in the competency domains as evidenced by relevant formal/informal education/training, certification or licensure.
Outcomes	Viable candidate meeting pre-hiring requirements.	Employee now ready to interact one on one with person served. Competence verification sent to state registry.	Employee, under supervision, demonstrates minimal competence in the specified disability. Competence verification sent to state registry.	Employee, under appropriate supervision for level, is determined competent. Full competence verification issued, tracked at state level in master database.	Employee improves continually in quality of service delivery.

Table 2. Timeline for Competency-based Training and Certification System

Item	Activities	Sections/Resources	Start Date
Collaborative Agreements	Identify resources for collaborative agreement	Divisional Sections, Council on Area Programs, Providers Council	
	<ul style="list-style-type: none"> Community College System: Develop a DMH/DD/SAS Workgroup to establish parameters of a collaborative agreement which involves the following Community College Departments <ul style="list-style-type: none"> Continuing Education/Community Service Curricular Studies New and Expanding Industries Program Virtual Colleges, Distance Learning and Self-Paced Learning Programs 	<ul style="list-style-type: none"> Representatives from the Division Sections, Contracts, Communication and Training; Area Programs; Provider Representative Groups 	November, 2001
	<ul style="list-style-type: none"> Department of Public Education (similar Tech-Prep Program) 	<ul style="list-style-type: none"> Representatives from the Division Sections, Contracts, Communication and Training; Area Programs; Provider Representative Groups 	March, 2002
	<ul style="list-style-type: none"> State University System <ul style="list-style-type: none"> Continuing Education Programs Virtual Colleges, Distance Learning and Self-Paced Learning Programs Curriculum Development 	<ul style="list-style-type: none"> Representatives from the Division Sections, Contracts, Communication and Training; Area Programs; Provider Representative Groups 	January, 2002
	<ul style="list-style-type: none"> Area Health Education Programs 	<ul style="list-style-type: none"> Representatives from the Division Sections, Contracts, Communication and Training; Area Programs; Provider Representative Groups 	November, 2001
	<ul style="list-style-type: none"> Associated Training Vendors <ul style="list-style-type: none"> DDTI Professional Associations Area Programs/LME Providers Training Providers 	<ul style="list-style-type: none"> Representatives from the Division Sections, Contracts, Communication and Training; Area Programs; Provider Representative Groups 	March, 2002
Implementation Rules	<ul style="list-style-type: none"> Distribute rules and guidelines prior to requiring implementation. Include an explanation of timelines and what is expected from whom. Provide regional training 	<ul style="list-style-type: none"> Representatives from all committees involved and those who can answer financial questions 	<ul style="list-style-type: none"> November, 2001
Approval of new category for Qualified Prevention Professional in rule	<ul style="list-style-type: none"> Develop new definition and submit for approval by the Rules Commission Submit SA Competencies for Prevention 	<ul style="list-style-type: none"> Competency Verification Authority Division Personnel as appropriate 	<ul style="list-style-type: none"> December, 2001

Item	Activities	Sections/Resources	Start Date
	Professional to be included in the state Competency-based System; <ul style="list-style-type: none"> Develop MH/DD versions of competencies Develop service definitions to support activities of the Prevention Professional Using previous process as model, ensure that the Prevention Professional category is fully integrated into the Competency-based System 	<ul style="list-style-type: none"> Rules Commission 	
Funding Secured	<ul style="list-style-type: none"> Funding Resources Required by State Plan <ul style="list-style-type: none"> Increase in administrative overhead designated for training One-time start up funds for employee training Hourly billing rate for training of professional and paraprofessional staff Incentives for reduced staff turnover 	<ul style="list-style-type: none"> Representatives from Contracts, Budget, Area Program Financial Officers, Provider's Business Managers 	March, 2002
Sites for Training	<ul style="list-style-type: none"> Develop data base of available training sites for providers, area programs/LME's Collaborate with training vendors/resources and training publications Post data on Division web-page 	<ul style="list-style-type: none"> Communication and Training Section 	December, 2001
Outcomes Development	<ul style="list-style-type: none"> Prepare outcomes for comprehensive curriculum for: <ul style="list-style-type: none"> Qualified Professional Training Direct Service Para-Professional 	<ul style="list-style-type: none"> Representatives from Disability Sections, Communication and Training, Area Programs/LME's, Providers, Contracts Section 	December, 2001
Criteria for Review of Curriculum	<ul style="list-style-type: none"> Establish content competencies for review of each curriculum Establish inter-rater reliability with reviewers similar to the Curriculum Review Committee for seclusion-restraint 	<ul style="list-style-type: none"> Representatives from Disability Sections, Communication and Training, Area Programs/LME's, Providers, Disability Populations, Advocacy Groups 	March, 2002
Verification Authority	<ul style="list-style-type: none"> Develop an external DMH/DD/SAS Competency Verification Authority which would: <ul style="list-style-type: none"> Have representatives from the Division, Providers, Area Programs/LME, Disability Populations, Advocacy Groups Work with Division to establish quality standards for competency verification process Review and verify training documentation Issue verification based on quality standards Review disputes regarding verification 	<ul style="list-style-type: none"> Representatives from the Division, Providers, Area Programs/LME, Disability Populations, Advocacy Groups 	March, 2002

Item	Activities	Sections/Resources	Start Date
Web Hosting Issues for Testing Management	<ul style="list-style-type: none"> Working with Collaborative partners to identify web hosting testing management capabilities Identify current vendors of testing management 	<ul style="list-style-type: none"> Representatives from Information Technologies, Communication and Training, Collaborative Partners 	December, 2001
Registry Management	<ul style="list-style-type: none"> Develop a registry of individuals who have completed all training and are determined competent to deliver services 	<ul style="list-style-type: none"> Representatives from Information Technologies, Communication and Training 	February, 2002
Legal Ramifications of Portability of Certification	<ul style="list-style-type: none"> Develop with the Providers/Area Programs/LME's an agreement of competence levels which will be accepted as portable across programs and providers 	<ul style="list-style-type: none"> Representatives from the Division, Area Programs/LME's, Providers 	November, 2001

Competency-Based Employment System for MH/DD/SAS

Qualified Professional (QP) and Associate Professional (AP) for Mental Health

Seven core competencies are required to meet the minimal standards for a competency-based system for mental health professionals in North Carolina.

1. technical knowledge
2. cultural awareness
3. analytical skills
4. decision making
5. interpersonal skills
6. communication skills
7. clinical skills

1. Technical Knowledge

Understands and can articulate technical concepts and information that relate to the nature of the disorders and the therapies used to provide treatment. Recognizes signs and symptoms of mental health needs and co-occurring disorders.

Process for Measuring Competency

Before starting work:

- Verification of Education and Credentials per transcript(s), license, and / or certification that relate to the appropriate area of knowledge/ discipline.
- Assess relevant technical knowledge through the employment interview process.

Ongoing Evaluation of Competency:

Table 3. Competency measurement of technical knowledge – Mental Health

<i>Validity Domain</i>	<i>Measurement Tools</i>
I. Demonstrates knowledge of counseling, psychotherapeutic techniques, and psychiatric medication.	<ul style="list-style-type: none">❖ Verification of renewal of license and/or certification as appropriate.❖ Direct clinical observation.❖ Clinical supervision *❖ Review of clinical documentation.
II. Demonstrates knowledge of interagency and community supports	<ul style="list-style-type: none">❖ Peer review.❖ Ongoing clinical supervision.❖ Review of clinical documentation.❖ Observation during treatment team meetings.
III. Demonstrates knowledge of System of Care principles and local and regional application	<ul style="list-style-type: none">❖ Participation in collaborative meetings.❖ Ongoing supervision❖ Review of Clinical documentation
IV. Recognizes signs and symptoms of MH needs and co-occurring disorders.	<ul style="list-style-type: none">❖ Peer review.❖ Ongoing clinical supervision*❖ Review of clinical documentation.❖ Observation during treatment team meetings.

<i>Validity Domain</i>	<i>Measurement Tools</i>
V. Maintains knowledge of ongoing changes in technical knowledge and best practice standards for the populations served (including cultural competence) and articulates how those changes impact services.	❖ Documented annual continuing education ❖ Demonstrates to supervisor positive application of newly acquired knowledge.
VI. Other competencies as required by state Law and/or Rule, such as Confidentiality rules, Seclusion and Restraints, and Client Rights.	❖ As appropriate and determined by the relevant law or rule.

Qualified professionals will provide regularly scheduled clinical/professional supervision with staff members who are providing direct, therapeutic intervention. The purpose of clinical supervision is to ensure that each individual receives appropriate treatment, and to enhance the knowledge, skills and abilities of clinicians receiving supervision. For Professional Associates this supervision must be documented.

2. Cultural Awareness

Understands and can articulate the psychological, sociological and political aspects of providing services to diverse populations. Ability to communicate and to provide competent and appropriate services to diverse populations.

Process for Measuring Competency

Before starting work:

- Assess cultural awareness sensitivity through case scenarios during the employment interview process.
- Articulate how to elicit and address needs of the population served with respect and dignity.

Ongoing Evaluation of Competency:

Table 4. Competency measurement of cultural awareness – Mental Health

<i>Validity Domain</i>	<i>Measurement Tools</i>
I. Interacts with person receiving services, family and extended support system in a culturally sensitive manner.	❖ Peer review. ❖ Ongoing clinical supervision. ❖ Review of clinical documentation. ❖ Observation during treatment team meetings.
II. Interacts with colleagues and other professionals in a culturally sensitive manner.	❖ Peer review ❖ Ongoing supervision. ❖ Annual Performance evaluation
III. Understands the impact of personal belief system on delivery of services, and appropriately adjusts personal performance.	❖ Peer review ❖ Ongoing clinical supervision. ❖ Review of clinical documentation (assessments, testing, incident reports, and service plans) ❖ Observation during treatment team meetings. ❖ Documented annual continuing education
IV. Maintains knowledge of issues that affect the populations served.	❖ Demonstrates to supervisor positive application of culturally sensitive techniques ❖ Articulates how those issues impact services
IV. Other competencies as required by state Law and/or Rule.	❖ As appropriate and determined by the relevant law or rule.

3. Analytical Skill

Understanding psychological, physical, emotional, spiritual, cultural and developmental issues, determines accurate diagnosis and/or assessment, and interprets evaluative instruments correctly in order to accurately reflect the individual's strengths, preferences and needs.

Process for Measuring Competency

Before starting work:

- Verification of Education and Credentials per transcript(s), license, and / or certification that relate to the appropriate area of knowledge/ discipline.
- Determine screening and assessment instrument knowledge and familiarity through employment interview process.

Ongoing Evaluation of Competency:

Table 5. Competency measurement of analytical skills – Mental Health

<i>Validity Domain</i>	<i>Measurement Tools</i>
I. Utilizes most effective tools to screen, assess and evaluate the person receiving services.	<ul style="list-style-type: none">❖ Verification of renewal of license and/or certification as appropriate.❖ Review of reports generated by screening, assessing, and evaluation❖ Ongoing clinical supervision.
II. Establishes accurate diagnosis and/or assessment.	<ul style="list-style-type: none">❖ Ongoing clinical supervision.❖ Review of clinical documentation
III. Interprets evaluative instruments correctly in order to accurately determine the individual's needs.	<ul style="list-style-type: none">❖ Ongoing clinical supervision.❖ Review of clinical documentation
IV. Other competencies as required by state Law and/or Rule.	<ul style="list-style-type: none">❖ As appropriate and determined by the relevant law or rule.

4. Decision-Making

Ability to synthesize individual's information from involved agencies or sources, and to formulate and implement an appropriate clinical course of action in collaboration with these agencies or sources. Ability to recognize persons' needs and to refer individual to appropriate professionals and resources. Makes appropriate decisions and/or referral in a timely manner.

Process of Measuring Competency

Before starting work:

- Evaluate decision-making abilities through case scenarios.
- Employment interview with interviewer.

Ongoing Evaluation of Skills:

Table 6. Competency measurement of decision-making skills – Mental Health

<i>Validity Domain</i>	<i>Measurement Tools</i>
I. Demonstrated ability to make decisions in collaboration with individuals, families, and involved agencies or sources.	❖ Peer review ❖ Direct clinical observation and supervision of collaborative efforts. ❖ Feedback from individuals, families, and involved agencies or sources.
II. Synthesize individual and system information and implement course of action as agreed upon by individuals, families, and involved agencies or sources.	❖ Feedback from individuals, families, and involved agencies or sources.
III. Other competencies as required by state Law and/or Rule.	❖ As appropriate and determined by the relevant law or rule.

5. Interpersonal Skill

Ability to interact effectively with individuals, families, and involved agencies to promote active treatment and relapse prevention.

Process of Measuring Competency

Before starting work:

- Employment interview.
- Evaluate interpersonal skills through case scenarios administered by interviewer.

Ongoing Evaluation of Competency:

Table 7. Competency measurement of interpersonal skills – Mental Health

<i>Validity Domain</i>	<i>Measurement Tools</i>
I. Promotes active treatment and relapse prevention.	❖ Feedback from persons receiving services, family members, co-workers, clinical supervisor, others providers, and involved agencies. ❖ Peer review results, direct observation by supervisor. ❖ Outcomes
II. Interacts effectively with individuals and groups.	❖ Feedback from persons receiving services, family members, co-workers, clinical supervisor, others providers, and involved agencies. ❖ Supervision
III. Other competencies as required by state Law and/or Rule.	❖ As appropriate and determined by the relevant law or rule.

6. Communication Skills

Ability to effectively interpret and convey verbal and non-verbal information through appropriate means for the individual and the population served.

Process of Measuring Competency

Before starting work:

- Employment interview.
- Evaluate communication skills through case scenarios administered by interviewer.

Ongoing Evaluation of Competency:

Table 8. Competency measurement of communication skills – Mental Health

<i>Validity Domain</i>	<i>Measurement Tools</i>
I. Active listening	❖ Feedback from individuals, co-workers, supervisors and providers.
II. Receiving and imparting information effectively	❖ Progress of individual during the course of treatment. ❖ Results of records review ❖ Supervision ❖ Oral and written communication
III. Write appropriate treatment plans and/or service notes to the person's identified needs.	❖ Results of quantitative and qualitative review
IV. Other competencies as required by state Law and/or Rule.	❖ As appropriate and determined by the relevant law or rule.

7. Clinical Skills

Clinical skills include the abilities to successfully assess, evaluate and provide individuals with the treatment and therapies appropriate to the person's identified needs and conditions.

Process of Measuring Competency

Before starting work:

- Verification of Education and Credentials per transcript(s), license, and / or certification that relate to the appropriate area of knowledge/ discipline.
- Assess clinical knowledge during employment interview process.

Ongoing Evaluation of Competency:

Table 9. Competency measurement of clinical skills – Mental Health

<i>Validity Domain</i>	<i>Measurement Tools</i>
I. Effective assessment, evaluation, and treatment of individual with mental health needs.	❖ Outcomes ❖ Clinical supervision ❖ Clinical documentation ❖ Feedback from individuals, families, and involved agencies
II. Maintains knowledge of best practices regarding clinical treatment (includes cultural competence) for the populations served, and articulates how those changes impact services.	❖ Documented annual continuing education ❖ Demonstration to supervisor positive application of newly acquired knowledge.

<i>Validity Domain</i>	<i>Measurement Tools</i>
III. Effectively utilizes quality improvement principles to improve applied clinical skills.	<ul style="list-style-type: none"> ❖ Review of clinical documentation. ❖ Feedback from individual receiving treatment. ❖ Review of utilization review and management information. ❖ Peer review and clinical supervision.
III. Other competencies as required by state Law and/or Rule.	<ul style="list-style-type: none"> ❖ As appropriate and determined by the relevant law or rule.

Qualified Professional (QP) and associate professional (AP) for Developmental Disabilities

Seven core competencies are required to meet the minimal standards for a competency-based system for developmental disability professionals in North Carolina. They are:

1. technical knowledge
2. cultural awareness
3. analytical skills
4. decision making
5. interpersonal skills
6. communication skills
7. clinical skills

1. Technical Knowledge

Understands and can articulate technical concepts and information that relate to the nature of the services and supports used. Recognizes the functional deficits that are indicators of developmental delay, disability, or co-occurring disorders.

Process for Measuring Competency

Before starting work:

- Verification of Education and Credentials per transcript(s), license, and / or certification that relate to the appropriate area of knowledge/ discipline.
- Assess relevant technical knowledge through the employment interview process.

Ongoing Evaluation of Competency:

Table 10. Competency measurement of technical knowledge – Developmental Disabilities

<i>Validity Domain</i>	<i>Measurement Tools</i>
I. Habilitation and Treatment techniques. (Refers to the knowledge base of the professional)	<ul style="list-style-type: none"> ❖ Verification of renewal of license and/or certification as appropriate. ❖ Direct observation. ❖ Professional supervision* ❖ Review of documentation (progress reports)
II. Demonstrates knowledge of interagency and community supports	<ul style="list-style-type: none"> ❖ Peer review. ❖ Ongoing supervision. ❖ Review of documentation. ❖ Observation during treatment team meetings.
III. Recognizes the functional deficits that are indicators of developmental delay or disabilities and co-occurring disorders.	<ul style="list-style-type: none"> ❖ Peer review ❖ Ongoing supervision* ❖ Review of documentation (assessment, testing, incident reports, and service plans) ❖ Observation during treatment team meetings.
IV. Demonstrates knowledge of crisis prevention, intervention, and resolution techniques, matching techniques to particular circumstances and individuals.	<ul style="list-style-type: none"> ❖ Peer review. ❖ Ongoing supervision. ❖ Review of documentation.

<i>Validity Domain</i>	<i>Measurement Tools</i>
V. Maintains knowledge of ongoing changes in technical knowledge and best practice standards for the populations served (including cultural competence), and articulates how those changes impact services.	❖ Documented annual continuing education. ❖ Demonstrates to supervisor positive application of newly acquired knowledge.
VI. Other competencies as required by state Law and/or Rule, such as Confidentiality rules, Seclusion and Restraints, and Client Rights.	❖ As appropriate and determined by the relevant law or rule.

Qualified professionals will provide regularly scheduled clinical/professional supervision with staff members who are providing direct, therapeutic intervention. The purpose of clinical supervision is to ensure that each individual receives appropriate treatment, and to enhance the knowledge, skills and abilities of clinicians receiving supervision. For Professional Associates this supervision must be documented.

2. Cultural Awareness

Understands and can articulate the psychological, sociological and political aspects of providing MH/DD/SAS services to diverse populations. Ability to communicate and to provide competent and appropriate services to diverse populations.

Process for Measuring Competency

Before starting work:

- Assess cultural awareness sensitivity through case scenarios during the employment interview process.
- Articulate how to elicit and address needs of the population served with respect and dignity.

Ongoing Evaluation of Competency:

Table 11. Competency measurement of cultural awareness – Developmental Disabilities

<i>Validity Domain</i>	<i>Measurement Tools</i>
I. Interacts with person receiving services, family, and extended support system in a culturally sensitive manner.	❖ Peer review. ❖ Ongoing supervision. ❖ Review of documentation. ❖ Observation during treatment team meetings.
II. Interacts with colleagues and other professionals in a culturally sensitive manner.	❖ Peer review. ❖ Ongoing supervision. ❖ Annual Performance evaluation.
III. Understands the impact of personal belief system on delivery of services, and appropriately adjusts personal performance.	❖ Peer review ❖ Ongoing supervision. ❖ Review of documentation. ❖ Observation during treatment team meetings.
IV. Maintains knowledge of ongoing changes in the cultures being served, and articulates how those changes impact services.	❖ Documented annual continuing education. ❖ Demonstrates to supervisor positive application of culturally sensitive techniques.
V. Other competencies as required by state Law and/or Rule.	❖ As appropriate and determined by the relevant law or rule.

3. Analytical Skills

Understanding cognitive, environmental, psychological, physical, emotional, spiritual, cultural and developmental issues, determines accurate assessment, and interprets evaluative instruments correctly in order to accurately reflect the strengths, preferences, and needs of the individual.

Process for Measuring Competency

Before starting work:

- Verification of Education and Credentials per transcript(s), license, and / or certification that relate to the appropriate area of knowledge/ discipline.
- Determine screening and assessment instrument knowledge and familiarity through employment interview process.

Ongoing Evaluation of Competency:

Table 12. Competency measurement of analytical skills – Developmental Disabilities

<i>Validity Domain</i>	<i>Measurement Tools</i>
I. Utilizes most effective tools to screen, assess and evaluate the person receiving services.	<ul style="list-style-type: none">❖ Verification of renewal of license and/or certification as appropriate.❖ Review of reports generated by screening, assessing, and evaluation❖ Ongoing supervision.
II. Identifies and initiates accurate assessment that reflects the participant's strengths, preferences, and needs, consistent with best professional practice.	<ul style="list-style-type: none">❖ Ongoing supervision.❖ Review of documentation.
III. Interprets assessment results to accurately determine the individual's strengths, preferences, and needs.	<ul style="list-style-type: none">❖ Ongoing supervision.❖ Review of documentation.
IV. Other competencies as required by state Law and/or Rule.	<ul style="list-style-type: none">❖ As appropriate and determined by the relevant law or rule.

4. Decision-Making

Ability to assist the individual to use findings of the assessments to develop strategies for obtaining needed resources and supports, documenting such within a formal plan. Ability to recognize needs for therapeutic support and to refer the person to appropriate professionals and resources. Makes appropriate decisions and/or referral in a timely manner.

Process of Measuring Competency

Before starting work:

- Evaluate decision-making abilities through case scenarios.
- Employment interview with interviewer.

Ongoing Evaluation of Competency:

Table 13. Competency measurement of decision-making skills – Developmental Disabilities

<i>Validity Domain</i>	<i>Measurement Tools</i>
I. Appraisal of individual's capabilities, personal goals, preferences for intervention and needs.	❖ Peer review/ Direct observation and supervision for a period of twelve- (12) months
II. Synthesize information, develop a plan of action with the individual, and implement course of action	❖ Evaluate decision-making abilities through case scenarios. ❖ Evaluate effectiveness of decisions through use of measurement of outcomes achieved as perceived by the individual
III. General understanding and application of necessary interventions that ameliorate compensate or minimize problems secondary to the primary disability or medical problem.	❖ On-going supervision ❖ Observation ❖ Assessment of outcomes
IV. Balances support for the individual's stated choices with considerations of professional responsibility and ethics, as well as potential risks	❖ Observation of use of problem solving skills to resolve conflicts
V. Other competencies as required by state Law and/or Rule.	❖ As appropriate and determined by the relevant law or rule.

5. Interpersonal Skill

Ability to establish and maintain rapport with individuals receiving services, families and relevant others. Engages the individual, family members and relevant others, establishes trust, openness, and supports the individual to develop strategies, make informed choices, follow through on responsibilities, and take risks.

Process of Measuring Competency

Before starting work:

- Employment interview.
- Evaluate interpersonal skills through case scenarios administered by interviewer.

Ongoing Evaluation of Competency:

Table 14. Competency measurement of interpersonal skills – Developmental Disabilities

<i>Validity Domain</i>	<i>Measurement Tools</i>
I. Works effectively with other staff to review the organizational mission, develops organizational priorities, and discusses quality indicators for support of the individuals receiving services	❖ Feedback from individuals receiving services, family members, co-workers, supervisor, others providers, and staff. ❖ Supervision
II. Effectively works with the individual and others to develop practices sensitive to cultural, religious, disability, and gender issues.	❖ Feedback from individual receiving services, family members, co-workers, clinical supervisor, others providers, and staff. ❖ Look at peer review results, direct observation by supervisor. ❖ Interview
III. Effectively interacts with and educates participants, co-workers and community members and organizations about issues by providing information and support and facilitating training.	❖ Observation ❖ Community feedback ❖ Peer review
IV. Assists the individual in identifying personal, civic, and interpersonal responsibilities, and to develop strategies to meet them	❖ Review of outcome assessments ❖ Observation

<i>Validity Domain</i>	<i>Measurement Tools</i>
V. Other competencies as required by state Law and/or Rule.	❖ As appropriate and determined by the relevant law or rule.

6. Communication Skills

The ability to effectively interpret and convey verbal and non-verbal information through non-traditional means effective for the individual and the population served.

Process for measuring competency

Before starting work:

- Employment interview.
- Evaluate communication skills through case scenarios administered by interviewer.

Ongoing Evaluation of Competency:

Table 15. Competency measurement of communication skills – Developmental Disabilities

<i>Validity Domain</i>	<i>Measurement Tools</i>
I. Uses active listening skills that are sensitive to cultural and individual communication differences	❖ Feedback from individuals, co-workers, supervisors and providers.
II. Communicates effectively with staff, provider agencies and community agencies to ensure participant access to agency and community wide resources	❖ Progress of individual ❖ Results of records review ❖ Supervision ❖ Oral and written communication ❖ Peer review ❖ Observation
III. Establishes and maintains relations with civic groups, agencies, other professionals, governmental entities, and the community-at-large to ensure appropriate referrals, identify service gaps, expand community resources, and help to address unmet needs	❖ Supervisor observation ❖ Outcome assessment
IV. Has knowledge of and uses modes of communication that are appropriate to the communication needs of individuals	❖ Observation
V. Develops or assists in the development of an individualized plan based upon the person's preferences, needs and interests	❖ Results of quantitative and qualitative review.
VI. Maintains accurate records, collecting, compiling and evaluating data, demonstrating objective reporting techniques, and submitting records to appropriate sources in a timely fashion	❖ Record review ❖ Audit report
VII. Remains current with and demonstrates use of appropriate documentation systems, setting priorities and developing a system to manage documentation	❖ Review of documentation ❖ Observation of effectiveness of documentation system ❖ Supervisor report ❖ Audit report
VIII. Exchanges relevant information with the agency or professional to whom a referral is being made in a manner consistent with confidentiality regulations and generally accepted professional standards of care	❖ Agency feedback ❖ Individual report ❖ Review of release documentation

<i>Validity Domain</i>	<i>Measurement Tools</i>
IX. Other competencies as required by state Law and/or Rule.	❖ As appropriate and determined by the relevant law or rule.

7. Clinical Skills

Clinical skills refer to the abilities to successfully assess, evaluate and provide individuals with services, supports and resources appropriate to the identified strengths, preferences, needs and conditions.

Process of Measuring Competency

Before starting work:

- Verification of Education and Credentials per transcript(s); license, authorization or certification if providing services and supports for individuals with co-occurring disabilities.

Ongoing Evaluation of Competency:

Table 16. Competency measurement of clinical skills – Developmental Disabilities

<i>Validity Domain</i>	<i>Measurement Tools</i>
I. Ability to assess, evaluate and provide MH/DD/SAS services, supports and access to resources effectively	<ul style="list-style-type: none"> ❖ Progress of individual in relation to goals and outcomes. ❖ Feedback from individuals, co-workers, supervision, peer review and providers.
II. Attainment of specific skills, abilities and knowledge and best practice standards in the areas of disabilities and human services, psychology and behavioral sciences (including cultural competence) and physical health.	<ul style="list-style-type: none"> ❖ Verification of Education and Credentials ❖ Peer review and supervision results. ❖ Training/Continuing Education and/ or Obtain Advanced Degree
III. Ability to recognize the need for, arrange and coordinate referrals and services to other professionals, agencies, community programs, or other appropriate resources to meet individual needs	<ul style="list-style-type: none"> ❖ Review of plan ❖ Outcome assessment ❖ Supervision ❖ Agency feedback
IV. Ability to apply crisis intervention techniques	<ul style="list-style-type: none"> ❖ Supervision ❖ Observation ❖ Efficacy of interventions
V. Ability to understand and recognize stages of change and other signs of progress	<ul style="list-style-type: none"> ❖ Review of plan revisions ❖ Review of documentation ❖ Outcome assessment
VI. Other competencies as required by state Law and/or Rule.	❖ As appropriate and determined by the relevant law or rule

Qualified Professional (QP) And Associate Professional (AP) For Substance Abuse¹

Seven core competencies are required to meet the minimal standards for a competency-based system for substance abuse professionals in North Carolina. They are:

1. technical knowledge
2. cultural awareness
3. analytical skills
4. decision making
5. interpersonal skills
6. communication skills
7. clinical skills

1. Technical Knowledge

Understands and can articulate technical concepts and information that relate to the nature of the services used to provide treatment. Recognizes signs and symptoms of substance abuse needs and co-occurring disorders.

Process for Measuring Competency

Before starting work:

- Verification of Education and Credentials per transcript(s), license, and / or certification that relate to the appropriate area of knowledge/ discipline.
- Assess relevant technical knowledge through the employment interview process.

Ongoing Evaluation of Competency:

Table 17. Competency measurement of technical knowledge – Substance Abuse

<i>Validity Domain</i>	<i>Measurement Tools</i>
I. Demonstrates knowledge of counseling techniques including: a. Approaches to counseling including philosophies, modalities, methods and techniques. b. Application of counseling approaches to the individual person being served, spouse and family. c. Implications of counseling approaches to individuals from ethnic, cultural and socio-economic groups in our society. d. Group process, group communications, goal setting, contracting, problem solving and supportive techniques. <i>(NC SAPCB Competencies)</i>	<ul style="list-style-type: none">❖ Verification of renewal of license and/or certification as appropriate.❖ Direct clinical observation.❖ Clinical supervision. *❖ Review of clinical documentation.

¹ For purposes of initial employment the Certified Substance Abuse Counselor (CSAC) meets the minimum standards by virtue of their certification.

<i>Validity Domain</i>	<i>Measurement Tools</i>
<p>II. Demonstrates knowledge of interagency and community supports:</p> <p>a. Steps, traditions and philosophy of Alcoholics Anonymous and its relation to Al-Anon and Alateen.</p> <p>b. Social services available. (<i>NCSAPCB Competencies</i>)</p> <p>c. Education through provision of information to individuals and groups concerning alcohol and other drug abuse and the available services and resources (<i>NCSAPCB Core Function</i>)</p>	<ul style="list-style-type: none"> ❖ Peer review. ❖ Ongoing supervision ❖ Review of documentation. ❖ Observation during treatment team meetings.
<p>III. Recognizes signs and symptoms of SA needs and co-occurring disorders:</p> <p>a. Physiological problems caused by the ingestion of alcohol and drugs and their effects on the systems of the body.</p> <p>b. Psychological and emotional factors related to substance abuse. Relationship of blood levels and behaviors.</p> <p>c. Effects of chronic use of substances including relationship to individual body chemistry, dose and setting.</p> <p>d. Dependency and cross-dependency.</p> <p>e. Criteria for diagnosis including systems for total assessment. (<i>NCSAPCB Competencies</i>)</p>	<ul style="list-style-type: none"> ❖ Peer review. ❖ Ongoing clinical supervision. ❖ Review of clinical documentation. ❖ Observation during treatment team meetings.
<p>IV. Maintains knowledge of ongoing changes in technical knowledge and best practice standards for the populations served (including cultural competence) and articulates how those changes impact services.</p>	<ul style="list-style-type: none"> ❖ Documented annual continuing education. ❖ Demonstrates to supervisor positive application of newly acquired knowledge.

2. Cultural Awareness

Cultural Awareness in the delivery of services to diverse populations. Understands and can articulate the psychological, sociological and political aspects of providing MH/DD/SAS services to diverse populations. Ability to communicate and to provide competent and appropriate services to diverse populations.

Process for Measuring Competency

Before starting work:

- Assess cultural awareness sensitivity through case scenarios during the employment interview process.
- Articulate how to elicit and address needs of the population served with respect and dignity.

Ongoing Evaluation of Competency:

Table 18. Competency measurement of cultural awareness – Substance Abuse

<i>Validity Domain</i>	<i>Measurement Tools</i>
I. Interacts with person receiving services, family, and extended support system in a culturally sensitive manner.	<ul style="list-style-type: none"> ❖ Peer review. ❖ Ongoing clinical supervision. ❖ Review of clinical documentation. ❖ Observation during treatment team meetings.
II. Interacts with colleagues and other professionals in a culturally sensitive manner.	<ul style="list-style-type: none"> ❖ Peer review. ❖ Ongoing supervision. ❖ Annual Performance evaluation.
III. Understands the impact of personal belief system on delivery of services, and appropriately adjusts personal performance: a. Socio-cultural aspect of substance abuse. (<i>NCSAPCB Competency</i>)	<ul style="list-style-type: none"> ❖ Peer review. ❖ Ongoing clinical supervision. ❖ Review of clinical documentation. ❖ Observation during treatment team meetings.
IV. Maintains knowledge of ongoing changes in the cultures being served, and articulates how those changes impact services.	<ul style="list-style-type: none"> ❖ Documented annual continuing education. ❖ Demonstrates to supervisor positive application of culturally sensitive techniques.
IV. Other competencies as required by state Law and/or Rule.	<ul style="list-style-type: none"> ❖ As appropriate and determined by the relevant law or rule.

Qualified professionals will provide regularly scheduled clinical/professional supervision with staff members who are providing direct, therapeutic intervention. The purpose of clinical supervision is to ensure that each individual receives appropriate treatment, and to enhance the knowledge, skills and abilities of clinicians receiving supervision. For Professional Associates this supervision must be documented.

3. Analytical Skills

Understanding psychological, physical, emotional, spiritual, cultural and developmental issues, establishes accurate diagnosis and/or assessment, and interprets evaluative instruments correctly in order to accurately determine the individual's needs.

Process for Measuring Competency

Before starting work:

- Verification of Education and Credentials per transcript(s), license, and / or certification that relate to the appropriate area of knowledge/ discipline.
- Determine screening and assessment instrument knowledge and familiarity through employment interview process.

Ongoing Evaluation of Competency:

Table 19. Competency measurement of analytical skills – Substance Abuse

<i>Validity Domain</i>	<i>Measurement Tools</i>
I. Utilize screening by which the individual is determined appropriate and eligible for admission to a particular program: a. Evaluate psychological, social and	<ul style="list-style-type: none"> ❖ Clinical supervision ❖ Peer review ❖ Results of quantitative and qualitative review of documentation

<i>Validity Domain</i>	<i>Measurement Tools</i>
<p>physiological signs and symptoms of alcohol and other drug use and abuse.</p> <p>b. Determine the individual's appropriateness for admission or referral.</p> <p>c. Determine the individual's eligibility for admission or referral.</p> <p>d. Identify any coexisting conditions (medical, psychiatric, physical, etc.) that indicate need for additional professional assessment and/or services.</p> <p>e. Adhere to applicable laws, regulations and agency policy governing alcohol and other drug abuse services. <i>(NCSAPCB Core Function)</i></p>	<ul style="list-style-type: none"> ❖ Observation during treatment team meetings
<p>II. Provide assessment through procedures by which a counselor/program identifies and evaluates an individuals strengths, weaknesses, problems and needs for the development of a treatment plan:</p> <p>a. Gather relevant history from individual including but not limited to alcohol and other drug abuse using appropriate interview techniques.</p> <p>b. Identify methods and procedures for obtaining corroborative information from significant secondary resources regarding individual's alcohol and other drug abuse and psychosocial history.</p> <p>c. Identify appropriate assessment tools.</p> <p>d. Explain to the individual the rationale for the use of assessment techniques in order to facilitate understanding.</p> <p>e. Develop a diagnostic evaluation of the individual's substance abuse and any co-existing conditions based on the results of all assessments in order to provide an integrated approach to treatment planning based on the individual's strengths, weaknesses, and identified problems and needs. <i>(NCSAPCB Core Function)</i></p>	<ul style="list-style-type: none"> ❖ Review of reports generated by assessing, and evaluation ❖ Ongoing clinical supervision.
<p>III. Conduct intake process including the administrative and initial procedures for admission to a program:</p> <p>a. Complete required documents for admission to the program.</p> <p>b. Complete required documents for program eligibility and appropriateness.</p> <p>c. Obtain appropriately signed consents when soliciting from or providing information from outside sources to protect client confidentiality and rights. <i>(NCSAPCB Core Function)</i></p>	<ul style="list-style-type: none"> ❖ Ongoing clinical supervision. ❖ Review of clinical documentation (assessments, reports)
<p>IV. Establishes accurate diagnosis and/or assessment:</p> <p>a. Case history methodology. <i>(NCSAPCB Competency)</i></p>	<ul style="list-style-type: none"> ❖ Ongoing clinical supervision. ❖ Review of clinical documentation (assessments, reports)

<i>Validity Domain</i>	<i>Measurement Tools</i>
V. Interprets evaluative instruments correctly in order to accurately determine the individual's needs. a. Client assessment and referral including intake, evaluation, interpretation, resources and follow-up procedures. <i>(NCSAPCB Competency)</i>	❖ Ongoing clinical supervision. ❖ Review of clinical documentation (assessments, reports)
VI. Other competencies as required by state Law and/or Rule.	❖ As appropriate and determined by the relevant law or rule.

4. Decision-Making

Ability to recognize individual's needs and to refer that person to appropriate professionals and resources in a timely manner and according to established criteria.

Process of Measuring Competency

Before starting work:

- Evaluate decision-making abilities through hypothetical case scenarios.
- Employment Interview with interviewer.

Ongoing Evaluation of Competency:

Table 20. Competency measurement of decision-making skills – Substance Abuse

<i>Validity Domain</i>	<i>Measurement Tools</i>
I. Gather and synthesize information and formulate a course of action. Develop and implement treatment plan by which the counselor and the individual: a. Explain assessment results to individual in an understandable manner: b. Identify and rank problems based on individual needs in the written treatment plan. c. Formulate agreed upon immediate and long-term goals using behavioral terms in the written treatment plan. d. Identify the treatment methods and resources to be utilized as appropriate for the individual. <i>(NCSAPCB Core Function)</i>	❖ Peer review ❖ Direct clinical observation and supervision. ❖ Evaluate decision-making abilities through actual case reviews.
II. Other competencies as required by state Law and/or Rule APSM 30-1.	❖ As appropriate and determined by the relevant law or rule.

5. Interpersonal Skill

Ability to engage individuals, family members and relevant others. Ability to establish trust, openness and motivate individual for treatment.

Process of Measuring Competency

Before starting work:

- Employment interview.
- Evaluate interpersonal skills through case scenarios administered by interviewer.

Ongoing Evaluation of:

Table 21. Competency measurement of interpersonal skills – Substance Abuse

<i>Validity Domain</i>	<i>Measurement Tools</i>
I. Ability to establish and maintain rapport with individual receiving services, families and relevant others: a. The recovery process as it relates to the individual, family, and to others. (<i>NCSAPCB Competency</i>)	<ul style="list-style-type: none"> ❖ Feedback from individual receiving services, family members, co-workers, clinical supervisor, qualified providers, and staff. ❖ Clinical Supervision
II. Ability to engage individuals, family members, and relevant others: a. Counselor-client rapport including warmth, respect, genuineness, concreteness and empathy. b. Personality growth and development. (<i>NCSAPCB Competencies</i>)	<ul style="list-style-type: none"> ❖ Feedback from individuals, family members, co-workers, clinical supervisor, qualified providers, and staff. ❖ Look at peer review results, direct observation by supervisor. ❖ Performance appraisal
III. Ability to establish trust and openness and motivate the individual for treatment	<ul style="list-style-type: none"> ❖ Feedback from individuals, family members, co-workers, clinical supervisor, qualified providers, and staff. ❖ Look at peer review results, direct observation by supervisor. ❖ Performance appraisal
IV. Other competencies as required by state Law and/or Rule.	❖ As appropriate and determined by the relevant law or rule.

6. Communication Skills

The ability to effectively interpret and convey verbal and non-verbal information through non-traditional means effective for the individual and the population served. Informs individuals receiving services about the nature of the treatment and what is expected to achieve their goals. Effectively communicates with other qualified treatment providers and colleagues in order to coordinate care.

Process of Measuring Competency

Before starting work:

- Employment interview.
- Evaluate communication skills through hypothetical case scenarios administered by interviewer.

Ongoing Evaluation of:

Table 22. Competency measurement of communication skills – Substance Abuse

<i>Validity Domain</i>	<i>Measurement Tools</i>
I. Ability to effectively formulate and articulate ideas: a. Communication skills such as active listening, leading summarizing, reflection, interpretation, confrontation, and self-disclosure. (<i>NCSAPCB Competency</i>)	❖ Feedback from individuals, co-workers, clinical supervisors and qualified providers.
II. The ability to effectively interpret non verbal cues	❖ Feedback from individuals, co-workers, clinical supervisors and qualified providers.
III. Informs individuals about the nature of the treatment and what is expected to achieve their goals	❖ Results of quantitative and qualitative review ❖ Feedback from, individuals, co-workers, clinical supervisors and qualified providers.
IV. Effectively communicate with other qualified treatment providers and colleagues in order to coordinate care.	❖ Feedback from, individuals, co-workers, clinical supervisors and qualified providers.
V. Other competencies as required by state Law and/or Rule.	❖ As appropriate and determined by the relevant law or rule.

7. Clinical Skills

Clinical skills refer to the abilities to successfully, evaluate, match, and provide individuals with the treatment and therapies appropriate to their identified needs and conditions. Ability to write effective clinical documentation.

Process of Measuring Competency

Before starting work:

- Three letters of reference from Qualified Professionals verifying the person's clinical competency.
- Verification of Education and Credentials per transcript(s), license, and certification

Ongoing Evaluation of Competency:

Table 23. Competency measurement of clinical skills – Substance Abuse

<i>Validity Domain</i>	<i>Measurement Tools</i>
I. Provide crisis intervention services which respond to an alcohol and/or other drug abusers needs during acute emotional and/or physical distress: a. Recognize the elements of the individual crisis. b. Implement an immediate course of action appropriate to the crisis. c. Enhance overall treatment by utilizing crisis events. (<i>NCSAPCB Core Function</i>)	❖ Clinical supervision ❖ Peer review ❖ Results of quantitative and qualitative review of documentation ❖ Observation during treatment team meetings

<i>Validity Domain</i>	<i>Measurement Tools</i>
II. Education through the presentation of relevant alcohol and other drug use/abuse information to the individual through formal and/or informal processes. <i>(NCSAPCB Core Function)</i>	<ul style="list-style-type: none"> ❖ Clinical supervision ❖ Peer review ❖ Results of quantitative and qualitative review of documentation ❖ Observation during treatment team meetings
III. Orientation describing to the individual a. Provide an overview to the individual by describing program goals and objectives for individual care. b. Provide an overview to the individual by describing program rules and individual obligations and rights. c. Provide an overview to the individual of program operations. <i>(NCSAPCB Core Function)</i>	<ul style="list-style-type: none"> ❖ Results of quantitative and qualitative review of documentation
IV. Evaluate, match and provide MH/DD/SAS treatment effectively: a. Individual, family and group modalities including specific techniques. b. Select the counseling theory(ies) that apply(ies). c. Apply technique(s) to assist the individual, group and/or family in exploring problems and ramifications. d. Apply technique(s) to assist the individual, group and/or family in examining the individual's behavior, attitudes and/or feelings, if appropriate, in the treatment setting. e. Individualize counseling in accordance with cultural, gender and lifestyle differences. f. Interact with the individual in an appropriate therapeutic manner. g. Elicit solutions and decisions from the individual. h. Implement the treatment plan. <i>(NCSAPCB Core Function)</i>	<ul style="list-style-type: none"> ❖ Three letters of reference from qualified professionals verifying the person's clinical competency. ❖ Progress of individual during the course of treatment in relation to treatment goals. ❖ Feedback from individuals, co-workers, clinical supervision, peer review and qualified providers.
V. Case Management activities that bring services, agencies, resources or people together within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contacts: a. Coordinate services for care b. Explain the rationale of case management activities to the client. <i>(NCSAPCB Core Function)</i>	<ul style="list-style-type: none"> ❖ Clinical supervision ❖ Peer review ❖ Results of quantitative and qualitative review of documentation ❖ Observation during treatment team meetings
VI. Ability to write effective clinical: a. Case management and record keeping including intake, disposition, termination, follow-up, record maintenance and compliance with federal, state, local and agency confidentiality regulations. <i>(NCSAPCB Competency)</i> b. Prepare reports and relevant records integrating available information to facilitate the continuum of care. c. Chart pertinent ongoing information pertaining to the individual. d. Utilize relevant information from written documents for care. <i>(NCSAPCB Core Function)</i>	<ul style="list-style-type: none"> ❖ Clinical supervision ❖ Peer review ❖ Results of quantitative and qualitative review of documentation ❖ Observation during treatment team meetings

<i>Validity Domain</i>	<i>Measurement Tools</i>
VII. Attainment of skill, abilities and knowledge in specific therapeutic orientations and best practice standards. <i>(NCSAPCB Competency)</i>	<ul style="list-style-type: none"> ❖ Verification of Education and Credentials ❖ Peer review and clinical supervision results. ❖ Training/Continuing Education and/ or Obtain Advanced Degree
<p>VIII. Referral as a consequence of identifying the needs of an individual that cannot be met by the counselor or agency and assisting the individual to utilize the support systems and community resources available:</p> <p>a. Identify need(s) and/or problem(s) that the agency and/or counselor cannot meet.</p> <p>b. Explain the rationale for the referral to the individual.</p> <p>c. Match individual needs and/or problems to appropriate resources.</p> <p>d. Adhere to applicable laws, regulations and agency policies governing procedures related to the protection of the individual's confidentiality.</p> <p>e. Assist the individual in utilizing the support systems and community resources available.</p> <i>(NCSAPCB Core Function)</i>	<ul style="list-style-type: none"> ❖ Clinical supervision ❖ Peer review ❖ Results of quantitative and qualitative review of documentation ❖ Observation during treatment team meetings
<p>IX. Engage in consultation with other professionals in regard to individual/treatment / services to ensure comprehensive, quality care for the individual:</p> <p>a. Recognize issues that are beyond the counselor's base of knowledge and/or skill.</p> <p>b. Consult with appropriate resources to ensure the provision of effective treatment services.</p> <p>c. Adhere to applicable laws, regulations and agency policies governing the disclosure of individual-identifying data.</p> <p>d. Explain the rationale for the consultation to the individual, if appropriate. <i>(NCSAPCB Core Function)</i></p>	<ul style="list-style-type: none"> ❖ Clinical supervision ❖ Peer review ❖ Results of quantitative and qualitative review of documentation ❖ Observation during treatment team meetings
X. Other competencies as required by state Law and/or Rule.	❖ As appropriate and determined by the relevant law or rule.

Work in Progress

There is additional work still to be done to completely develop a competency system for the entire mental health, developmental disabilities and substance abuse services system. The following tasks are in development

- Define all seven competencies for the Paraprofessionals in the three disability groups.
- Develop outcome measurement instruments.
- Develop Definition for Prevention Professional
- Develop competencies for Prevention Professional.
- Define case management competencies.
- Develop appropriate forms for statewide standardized documentation of supervision and competency
- Develop rate structure needed to support the system

NAME _____
 STATUS _____

COMPETENCY-BASED EMPLOYMENT SYSTEM

Independent Practitioner/Provisional and/or Qualified Professionals/Associates and/or Paraprofessionals

CHECK AND DATE WHICH OPTION(S) ARE USED TO DETERMINE A CORE COMPETENCY. EXAMPLE: HOW WILL TECHNICAL KNOWLEDGE BE MEASURED? (INTERVIEW, WRITTEN TEST...) ATTACH ANY SUPPORTING DOCUMENTATION TO THIS FORM.

Competency-based Management Assessment Criteria with Date									
Core Competency		Experience Accomplishments	Education Credentials	Occupation Certification/Licensure	Interview	Work Sample	Oral/Written Test	Self Assessment	Relevant Additional Education, Certification / Licensure
Technical Knowledge	MH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	SA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural Awareness Competency	MH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	SA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical Skills	MH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	SA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decision Making Skills	MH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	SA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills	MH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	SA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	MH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	SA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Skills	MH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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NAME _____
 STATUS _____

COMPETENCY-BASED EMPLOYMENT SYSTEM

Staff Name: _____ Date: _____

Supervisor Name: _____ Supervisor's Signature: _____ Date: _____

Authorizing Body/Designee(optional): _____ Date: _____

Authorizing Signature (optional): _____ Date: _____

Date of Renewal: _____

Clinical Supervision Frequency

- ☐ Weekly
☐ Monthly
☐ Bi-monthly
☐ NA

Change In Professional Status

New Status

Date